

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

890
Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.
- Complete employer verification form(s) for each employer and each person you represent as listed below.

FOR OFFICE USE ONLY

Postmark Date: 12-15-08

Rec'd
92270
#10/12
KSD

1001805

1. NAME Patterson Diekie W.
Last First MI

2. BUSINESS PHONE 225-231-0749
Area Code and Phone Number

3. BUSINESS ADDRESS 2237 S. Acadian Baton Rouge LA 70808
Street and No. City State Zip

4. EMPLOYER Louisiana Workers' Compensation Corp.

5. EMPLOYER'S ADDRESS 2237 S. Acadian BR LA 70808
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby. R.S. 24:53(C) REQUIRES THAT A VERIFICATION FORM BE SIGNED BY EACH PERSON YOU REPRESENT OR WHO EMPLOYS YOU. THOSE FORMS MUST MATCH THIS LISTING.

1. Name Louisiana Workers' Compensation Corporation

Address 2237 S. Acadian

Business or purpose WORKERS' COMPENSATION INS. CO.

Does this person pay you? _____

If No, who pays you? _____

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

SCANNED

Date: 12/15/08

LOBBYING REGISTRATION FORM

Lobbyist's Registration Number

3. Name _____
 Address _____
 Business or purpose _____
 Does this person pay you? _____
 If No, who pays you? _____
4. Name _____
 Address _____
 Business or purpose _____
 Does this person pay you? _____
 If No, who pays you? _____
5. Name _____
 Address _____
 Business or purpose _____
 Does this person pay you? _____
 If No, who pays you? _____

State of Louisiana
 Parish of East Baton Rouge

Before me, the undersigned authority, personally came and appeared Lickie W. Patterson, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Lickie W. Patterson
 Signature of Lobbyist

Sworn to and subscribed before me on this 15th day of December, 19-2000

Janie Swartz
 Notary Public

